

MONTANA STATE HOSPITAL POLICY AND PROCEDURE

DEATH REVIEWS

Effective Date: August 22, 2006 Policy #: QI-01

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- **I. PURPOSE:** To review the cause of death by completing an objective review of the circumstances of the death.
- **II. POLICY:** A death review will be completed for the death of any patient from any cause which occurs during hospitalization, while on authorized or unauthorized leave, or when known to have occurred within 30 days following discharge.

The death review described in this policy should not be confused with the **review of a sentinel event**, as addressed in a separate policy. A sentinel event is defined as a significant occurrence that may indicate a serious problem exists in hospital operations. The death of a patient does not necessarily mean that a sentinel event has occurred.

III. **DEFINITIONS**: None

IV. RESPONSIBILITIES:

- A. <u>Medical Director</u> will assign a physician to conduct a death review within two weeks of the death. Whenever possible, the assigned physician should have had minimal or no contact with the patient to ensure objectivity of the review.
- B. <u>Physician</u> assigned to conduct the death review will seek to determine the cause of death by examining the events of the patient's hospitalization, events leading up to the death, the circumstances of the death, and the death itself. If it is determined that the death may have been avoidable, the reviewer will critique the care provided and make recommendations for changes in procedures to reduce or eliminate the likelihood of the same or similar event occurring in the future. Results of the review and recommendations will be included in the Hospital's Quality Improvement process.
- C. <u>Medical Staff</u> will review all death reviews during one of its regular meetings and within one month of the completion of the review. Feedback and suggestions may be given to the reviewer during this process.
- D. President of the Medical Staff will sign the review as accepted by the Medical Staff.
- E. <u>Medical Director</u> will review and sign all accepted death reviews, then send to the Hospital Administrator.
- F. <u>Hospital Administrator</u> will review and sign all accepted death reviews.

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V. PROCEDURE:

- A. Within two weeks of a death, or notification of a death of a current patient or of a patient who has been discharged within the last 30 days, the Medical Director will assign a physician the task of completing a formal death review.
- B. Reviews will generally follow the format as designated in Attachment A of this policy.
- C. All death reviews will be completed and submitted to the President of the Medical Staff (through the Medical Staff Office) within 30 days of assignment unless there are extenuating circumstances to prevent completion within this time frame. The Medical Director will determine if an extension will be granted.
- D. The Medical Staff Coordinator will schedule the review to be presented at the next available Medical Staff Meeting. The case will be discussed and accepted, rejected, or revised at that meeting. The Medical Staff Coordinator will revise any review, if necessary.
- E. The Medical Director will sign the review and forward to the Hospital Administrator. If acceptable, the Hospital Administrator will sign the review at which point it will be archived as the official review of the hospital.
- VI. REFERENCES: None
- **VII. COLLABORATED WITH:** Medical Staff, Director of Quality Improvement, and Director of Information Resources.
- **VIII. RESCISSIONS:** #QI-01 *Death Reviews* dated January 7, 2003; Policy #QI-03-99-N, *Death Reviews* dated December 1, 1999.
- **IX. DISTRIBUTION:** All hospital policy manuals
- X. REVIEW AND REISSUE DATE: August 2009
- XI. FOLLOW-UP RESPONSIBILITY: Medical Director
- XII. ATTACHMENTS: Attachment A. Format of the Death Review

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Ed Ar Hospi	nberg tal Administrator	Date	Thomas Gray, MD Medical Director	Date

Attachment A

Format for the Death Review

I. IDENTIFYING INFORMATION:

Name Hospital Number

Date of Admission Date of Birth Date of Death

Commitment Status County of Commitment Leave Status (if applicable)

II. HISTORY OF PRESENT ILLNESS:

- 1) describes the immediate events leading to the patient s admission
- 2) describes the abnormal physical findings and the mental status at the time of admission
- 3) list the admission diagnoses using the Multiaxial Assessment system

III. PAST MEDICAL AND PSYCHIATRIC HISTORY:

This includes the <u>relevant</u> past medical and psychiatric history that precedes the events leading to the patient s admission.

IV. HOSPITAL COURSE:

- 1) Medical a brief summary of medical events, to include the terminal event and cause of death if patient died at MSH.
- 2) Psychiatric this is the psychological autopsy which examines the death from the point of view of the psychiatric diagnosis, the psychological treatment provided and the psychological implications of this and similar cases.
- 3) List the discharge or terminal diagnoses using the Multiaxial Assessment system.

V. DISCHARGE PLAN:

This is a copy of the discharge plan (can only be included if the patient died outside of MSH).

VI. CIRCUMSTANCES OF DEATH:

This includes a summary of the terminal events and the cause of death as can best be determined from information gathered from the receiving facility and any other available source (i.e., autopsy report). This assumes patient died outside of MSH.

VII. CONCLUSION AND RECOMMENDATIONS:

This section includes the questions that arise in the reviewer s mind and his(her) recommendations. These should be relevant to the; 1) care and/or outcome of the specific patient and 2) recommendations for process improvement.

VIII. SIGNATURES:

Physician preparing the report Medical Staff President Medical Director Hospital Administrator